

99/00 California AmeriCorps*States Program Year

PROGRESS REPORT
for
AmeriCorps*State Program Operating Site

1. Program Name:
 - A. Telephone Number:
 - B. Fax:
 - C. E-mail address:
2. Operating Site ID #:
3. State Commission/Parent Organization Name: **California Commission on Improving Life Through Service**
4. Name of person completing this report:
5. Title of person completing this report:
- 6a. Program Start Date (month/day/year):
- 6b. Last date to enroll full-time members:
- 6c. Last date to enroll part-time members:
- 6d. Last date to enroll reduced part-time members:
Number of reduced part-time hours:
7. Program End Date (month/day/year):
8. Reporting period to which this form applies: **Program Start through March 31, 2000**

9. A. Which critical issue area(s) does your program address? Check all that may apply

- ☐ Education
- ☐ Public Safety
- ☐ Health and Human Services
- ☐ Environment

B. Please list all current CLASP Members and their organization type (see CLASP form key):

<u>Name</u>	<u>Type of Organization</u>
1.	
2.	
3.	
4.	
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12.	
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14.	
15.	

(Add additional numbers as necessary)

C. Please list organizations that are no longer members of your original CLASP:

<u>Name</u>	<u>Type of Organization</u>
1.	
2.	
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(Add additional numbers as necessary)

**PART I - PROGRAMMATIC INFORMATION FROM YOUR
PROGRAM or OPERATING SITE**

10. Numbers of members.

Are any part-time members' terms of service two years in length?:
(Circle one): Yes No

If so, how many? ____

A. Number of members granted to your program for the 99/00 program year:

Regular Members - Full-Time: Part-Time: Reduced-Part -Time:

Ed Award Only - Full-Time: Part-Time Reduced-Part -Time:

B. Total number of members enrolled through March 31, 2000:

Regular Members - Full-Time: Part-Time: Reduced-Part -Time:

Ed Award Only - Full-Time: Part-Time Reduced-Part -Time:

C. Number of members who left the program for compelling personal circumstances and earned a pro-rated ed. award through March 31, 2000:

Regular Members - Full-Time: Part-Time: Reduced-Part -Time:

Ed Award Only - Full-Time: Part-Time Reduced-Part -Time:

D. Number of members who left the program for other than compelling personal circumstances (no educational award) through March 31, 2000:

Regular Members - Full-Time: Part-Time: Reduced-Part -Time:

Ed Award Only - Full-Time: Part-Time Reduced-Part -Time:

E. Total Number of current members enrolled (number of members enrolled minus all who have left) If this total does not equal section A please explain below:

Total Number:

Comments/Explanatory notes:

F. Number of members who you expect will serve beyond the program End Date noted above. Please explain below.

Regular Members - Full-Time: Part-Time: Reduced-Part -Time:

Ed Award Only - Full-Time: Part-Time Reduced-Part -Time:

Comments/Explanatory notes:

G. Number of members who completed their term of service through March 31, 2000:

Regular Members - Full-Time: Part-Time: Reduced-Part -Time:

Ed Award Only - Full-Time: Part-Time Reduced-Part -Time:

11. Member Service Hours

Total number of AmeriCorps Members' Hours of Service through March 31, 2000:

Full-Time:

Part-Time:

Reduced-Part -Time:

12 (A). Please provide aggregate estimates of the following information:

Volunteer Generation

Volunteers are individuals recruited or directly supervised by AmeriCorps members who participate in direct service projects that help the program achieve its community service objectives. They are additional volunteers, new to the program or activity, whose presence is made possible by the AmeriCorps members. They are not program partners, advisory board members, or volunteers supporting the program or member trainings, or staff.

1. How many non-AmeriCorps member volunteers were involved in AmeriCorps service activities Through March 31, 2000?

Number of non-AmeriCorps volunteers:

2. How many hours did non-AmeriCorps member volunteers contribute to AmeriCorps service activities through March 31, 2000?

Number of non-AmeriCorps volunteer hours:

3. Share with us some examples of the service activities that your non-AmeriCorps member volunteers participated in during this reporting period.

Comments:

12 (B). Mentoring Activity:

1. Does your program engage in Mentoring activities?
(Circle one): Yes No
2. What kind of mentoring activities does your program engage in? Please check all that apply and described those activities.
 - ☐ Mentoring (General)
 - 0 One-on-one mentoring
 - 0 Group mentoring
 - ☐ Academic Mentoring
 - 0 One-on-one mentoring
 - 0 Group mentoring
 - ☐ Other (specify):_____

Comments:

If you answered to any of the above types "Yes", please complete the following:

3. How many AmeriCorps Members contributed to Mentoring Activities through March 31, 2000?
Number of Members:
4. How many hours did AmeriCorps Members contribute to Mentoring service through March 31, 2000?
Number of Member hours:
5. How many *non-AmeriCorps Members* contributed to Mentoring Activities through March 31, 2000?
Number of non-AmeriCorps Members:
6. How many hours did *non-AmeriCorps Members* contribute to Mentoring service activities through March 31, 2000?
Number of non-AmeriCorps Member hours:

12 (C). Education Service Activities

1. AmeriCorps members are engaged in the following areas (Please check all of the activities that apply):
 - ☐ Tutoring
 - 0 Reading
 - 0 Math
 - 0 All Subjects
 - ☐ Reading
 - ☐ Homework Assistance
 - ☐ Other (specify):_____

2. Please indicate the number of AmeriCorps Members serving in the area of Education and the number of children they have served through March 31, 2000:
(We realize that some members will be counted more than once)

<u>Education Level</u>	<u># of Members</u>	<u># of Children served (to date)</u>
Ages 0 – 3	_____	_____
Age 4 (Preschool)	_____	_____
Ages 5 –12 (K-8 Grade Level)	_____	_____
Ages 13 – 18 (9-12 Grade Level)	_____	_____

- 12 (D). Operating Sites: Please list your program's operating sites by indicating the number of AmeriCorps member positions assigned to each site listing the City, County, and Zip Code(s) and list the actual members currently at each site.

Please note: An Operating Site is defined as the service location(s) where member(s) report To on a routine basis to serve

Total number of Sites: _____

What type of sites are your programs serving in? (Please check all that apply):

Types of Sites (Places where members serve)

- ☐ Community-Based Organizations (CBO)
- ☐ Faith Based Organizations (FBO)
- ☐ Libraries (Lib)
- ☐ Schools : ☐ (K-8) ☐ (9-12)
- ☐ Other (specify): _____

<u>Assigned # of Member Positions</u>	<u>Site Name</u>	<u>Type of Site</u>	<u>City</u>	<u>County</u>	<u>ZIP Code</u>	<u>Actual # of Members at site</u>
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- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)
- 11)
- 12)
- 13)
- 14)
- 15)

(Add additional sites as necessary)

12(E). AmeriCorps Member involvement in other service activities. Please indicate the number of AmeriCorps members involved in the following service activities. Be sure to categorize all activities, as closely as possible, to the list provided. For example: Community Gardening – Environment.

Please list only those activities outlined in your program objectives.

<u>California AmeriCorps Service Activities</u>	<u># of Members</u>
1. Drug / Alcohol Prevention	_____
2. Environment	_____
3. Public Health Services	_____
4. Juvenile Crime/Justice	_____
5. Public Safety	_____
6. Mentoring	_____
7. Teen Pregnancy Prevention	_____
8. Tutoring	_____
9. After-School Programming	_____
10. Service to Seniors	_____
11. Public Health Education	_____
12. Pre-Kindergarten activities	_____

12 (F). Participation in America’s Promise Goals in conjunction with an official Community of Promise or Allstate Mini-Grant Recipient.

(Circle one)

Is there a Community of Promise in your area? YES NO

We are serving as a partner with an official Community of Promise. YES NO*

If YES, Name of the Community: _____

**Even if your program is not working with an official Community of Promise please describe your participation in any of the following Promise Goal areas for children and/or youth:*

America’s Promise is based on five goals. Please describe your program’s participation on the following Promise Goals for children and/or youth.

Goal #1 – Ongoing relationship with a caring adult:

Activities include:

- Parents and/or relatives are the primary source of positive adult relationships. With help, they can also serve as a key link to all five promises.
- For other adults that will serve as positive role models:
- face to face meeting with young person at least once a week (includes within groups)
- structured one-on-one interaction scheduled bi-weekly or weekly

Program Participation:

Goal #2 – Safe places and structures activities:

Activities include:

- Parents or family members who provide quality time and structured activities
- Spend significant amount of non-school time every day in secure, supervised and adequately equipped:
 - ❑ Sports programs
 - ❑ Club activities
 - ❑ After-school activities
 - ❑ Other community organizations

Program Participation:

Goal #3 – Healthy Start

Activities include:

- Prenatal care and parenting support
- Access to “Success by Six,” “Head Start,” or other early health interventions (children 0 – 6 years of age)
- Health insurance coverage
- Primary care, plus
- Eye and dental care
- Health education
- Served by a primary care physician
- Access to providers/facilities
- School
- Healthcare professional
- Nutritional
- Access to “two square meals a day”

Program Participation:

Goal #4 – Marketable skills through effective education

Activities include:

- Effective education with special emphasis on achieving and maintaining grade level in reading and mathematics
- Spend one hour or more per week (young people of working age)
- After school job
- Organized skill program
- Internship
- Apprenticeship
- Summer job

Program Participation:

Goal #5 – Opportunity to serve

Activities include:

- Younger children exposed to service through family volunteering and school or faith service activities
- Serve in community/school two hours or more per week or approximately 100 hours per year (school aged youth)
- Service could help fulfill all five promises for additional children and young people

Program Participation:

12 (G). Based upon the service activities outlined in your program objectives, how many of the anticipated beneficiaries have you actually served through March 31, 2000?

Total number of Service Beneficiaries:_____

Summary of Progress Toward Accomplishing Annual Objectives:

(Please report on each objective separately, DO NOT COMBINE)

13 (A). Getting Things Done Objectives/Community Service:

1. **Restate your Objective** (Re-write your complete objective statement):

2. **Restate your Desired Result** (See # 3 of the evaluation plan form):

3. **Restate the level of success for this objective.** (See # 5 of the evaluation plan form):

4. **Restate the method of measure for this objective.** (See #6 of the evaluation plan form):

5. **Results Statement**
State the results of the analysis of your evaluation data in a results statement (please limit to one or two paragraphs) that is reflective of your desired result, level of success, and the method of measurement.

6. **Qualitative/Quantitative Data**
What quantitative statistics did you find? What qualitative information did you find? What is the importance of this statistical or qualitative information? What does this imply about your success?

Did you meet the level(s) of success stated in your objective? ☐ Yes ☐ No
Was Baseline Data collected and/or utilized? ☐ Yes ☐ No

7. **Note Evaluation Activities in Which You Have Engaged.**
Describe the type of instruments you used (e.g. survey, test, observation, etc.). Describe the information from every instrument that you used. Describe who administered and completed each instrument. Describe to whom, as well as how, each instrument was administered. Describe which, and how many individuals, completed each instrument:

8. **State Ideas For Improvement In Your Program, or Any Next Steps**
What do your results mean in terms of what you will do next? What improvements do you plan? Will you expand this service?

13 (B). Community Strengthening/Building Objectives:

1. **Restate your Objective** (Re-write your complete objective statement):

2. **Restate your Desired Result** (See # 3 of the evaluation plan form):

3. **Restate the level of success for this objective.** (See # 5 of the evaluation plan form):

4. **Restate the method of measure for this objective.** (See #6 of the evaluation plan form):

5. **Results Statement**

State the results of the analysis of your evaluation data in a results statement (please limit to one or two paragraphs) that is reflective of your desired result, level of success, and the method of measurement.

6. **Qualitative/Quantitative Data**

What quantitative statistics did you find? What qualitative information did you find? What is the importance of this statistical or qualitative information? What does this imply about your success?

Did you meet the level(s) of success stated in your objective? _____ Yes _____ No

Was Baseline Data collected and/or utilized? _____ Yes _____ No

7. **Note Evaluation Activities in Which You Have Engaged.**

Describe the type of instruments you used (e.g. survey, test, observation, etc.). Describe the information from every instrument that you used. Describe who administered and completed each instrument. Describe to whom, as well as how, each instrument was administered. Describe which, and how many individuals, completed each instrument:

8. **State Ideas For Improvement In Your Program, or Any Next Steps**

What do your results mean in terms of what you will do next? What improvements do you plan? Will you expand this service?

13 (C). AmeriCorps Member Development Objectives:

1. **Restate your Objective** (Re-write your complete objective statement):

2. **Restate your Desired Result** (See # 3 of the evaluation plan form):

3. **Restate the level of success for this objective.** (See # 5 of the evaluation plan form):

4. **Restate the method of measure for this objective.** (See #6 of the evaluation plan form):

5. **Results Statement**

State the results of the analysis of your evaluation data in a results statement (please limit to one or two paragraphs) that is reflective of your desired result, level of success, and the method of measurement.

6. **Qualitative/Quantitative Data**

What quantitative statistics did you find? What qualitative information did you find? What is the importance of this statistical or qualitative information? What does this imply about your success?

Did you meet the level(s) of success stated in your objective? _____ Yes _____ No

Was Baseline Data collected and/or utilized? _____ Yes _____ No

7. **Note Evaluation Activities in Which You Have Engaged.**

Describe the type of instruments you used (e.g. survey, test, observation, etc.). Describe the information from every instrument that you used. Describe who administered and completed each instrument. Describe to whom, as well as how, each instrument was administered. Describe which, and how many individuals, completed each instrument:

8. **State Ideas For Improvement In Your Program, or Any Next Steps**

What do your results mean in terms of what you will do next? What improvements do you plan? Will you expand this service?

- 14. Other accomplishments this Reporting Period:** (Make note of any accomplishments or things gotten done not directly related to your progress toward meeting your objectives. Examples include: selecting and training staff to operate the program/site and supervise members, developing good working relationships with service placement sites and preparing them to assist the AmeriCorps members, AmeriCorps Leader activities, meeting match requirements, and progress in local collaborations.)

Key Activities:

Getting Things Done:

Comments:

- 15. "Great stories":** (Include stories that would best communicate to the public how AmeriCorps service gets things done. Particularly helpful are stories that include numerical results and creative solutions.)

Activities:

Unique Successes/Great Stories:

Impact or Result:

- 16. Challenges Encountered this Reporting Period and Actions Taken to resolve them:** (Report on problems resolved and unresolved, obstacles to achieving program objectives, significant sources of delay, program elements not meeting expectations, challenges associated with local collaborations, events or incidents that caused concern. Note steps being taken to address identified issues or note how issues have been resolved. Please include progress on any issues identified during grant negotiations, site visits, or from previous progress reports.)

Challenges:

Obstacles:

Solutions/Potential:

- 17. Strengthening the AmeriCorps National Service Network:** (Report on activities this period that strengthened the AmeriCorps network of programs. Examples could include new uniforms, signage or publicity materials; projects with other AmeriCorps programs; coordination with State Commissions or Corporation State Offices; training members in national skill areas (communication/ conflict resolution or CPR/ first aid); participation in national service projects (HIV/ AIDS awareness training, environmental audits, or citizenship education); graduations or swearing-in ceremonies, use of national recruitment, use of AmeriCorps Member Handbook.)

Activities:

Accomplishments:

Impacts/ Result:

- 18. Significant Program Changes this Reporting Period:** (Report staff turnover in management or supervisory positions, changes in partner/ sponsor relationships, changes in board membership, AmeriCorps member attrition, service sites and other significant changes).

Staff/ Position Change:

Organizational Change:

Impact/ Comments:

- 19. List the State Senate District(s) your program serves:**

State Senate District(s) served:

- 20. List the State Assembly District(s) your program serves:**

State Assembly District(s) served:

- 21. List the State Congressional District(s) your program serves:**

State Congressional District(s) served: